

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reznichenko, Yakov

Att'y Docket: 2550/118

Serial No.: 10/047,566

Art Unit: 2872

Filed: January 15, 2002

Examiner: Robinson, M.

Title: OPTICAL SWITCHING SYSTEM AND APPARATUS
WITH INTEGRAL COVERING LENS

CERTIFICATE OF MAILING

I hereby certify that this document, along with any other papers referred to as being attached or enclosed, is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 15, 2004.


Jeffrey T. Klayman

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office action of April 16, 2004, please amend the above-referenced patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



Practitioner's Docket No. 2550/118

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BOX AF

AF/2872 IFW
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Yakov Reznichenko

Application No.: 10/047,566

Date Filed: 01/15/2002

For: Optical Switching System and Apparatus with Integral Covering Lens

Group No.: 2872

Examiner: Robinson, Mark

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
2872**

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

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☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

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37 C.F.R. § 1.10*

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____


Signature

Date: June 15, 2004

Jeffrey T. Klayman

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit Fee
Total	15	Minus	20	= 0	x \$18 =	\$0
Indep	2	Minus	3	= 0	x \$86 =	\$0
First Presentation of Multiple Dependent Claim					+ \$290 =	\$0
					Total Addit. Fee	<u>\$0</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

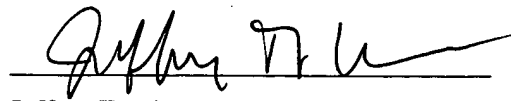
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 19-4972.
- If any additional fee for claims is required, charge Account No. 19-4972.

Date: June 15, 2004



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